SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

APR 02 2018



Refund:

Permit #: 18-0086 Date: Amount Paid: TRANSFER \$185 TO #18-0099

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

INSTRUCTIONS: No permits will be issued until all fees are paid. INSTRUCTIONS: No permits will be issued until all rees are paid.

Checks are made payable to: Bayfield County Zoning Department.

PO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

At++ FA 10153737

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YPE OF PERMIT REC	QUESTED	→	LAND	JSE SANITARY	Address: OO - A	Çity/St	ate/Zip:	Tele	ephone:	
)wner's Name: TOY	ny ph	IIID	5-SAC	Wireles Mailing	Address: Mad	GOV IST. CA	ricago, IC Lo	ocele1 184	17-30	1-3659
Toueroun	er-1	AIC		City/Sta	1 1 100 K				l Phone:	
Address of Property:	1	0 1 1) d	Oan	mmunD/v	011548	(32			
13690 SC	mic	LT K	<u> </u>			mber:		Plu	mber Ph	one:
Contractor:	0105	(847	- 231-83/5	9				
Authorized Agent: (Per		Application	on on behalf o	of Owner(s)) Agent F	Phone: Ag	ent Mailing Add	ress (include City/State/Z	-19/-	itten Aut ached	horization
_ ^ _	71111				54	o w.madi	sun St. Chicag	1000 del 0	Yes 🗆	
1011		1		Tax ID		t		orded Document: (i.e.	e. Proper	ty Ownership)
PROJECT LOCATION	Legal De	scriptio	n: (Use Tax	Statement) 04	-018-2-44			000		
04	< C		Gov't L	ot Lot(s) CSN	Vol & Page	Lot(s) No.	Block(s) No. Sub	division:		
<u>SC_1/4, _</u>	301	./4						c:	Acreage	
. 0	7 -		UUN	Range <u>0</u> 7 W	Town of:	~ · · · · · · · · · · · · · · · · · · ·	Lot	Size		JULI
Section	, Tov	vnsnip _		, Kalige	Drur	nmon			01.	5-1
	☐ Is Pro	nerty/L	and within	300 feet of River, Street	am (incl. Intermittent)	Distance Struc	cture is from Shoreline			Are Wetlands
	Creek	or Landw	ard side of	Floodplain? If ye	escontinue>		cture is from Shoreline	eet Floodplain 7	1	Present?
☐ Shoreland →	☐ Is Pro	perty/L	and within	eet XONo) No				
				If ye	escontinue ->			(100		
Non-Shoreland										
						# of				Type of
Value at Time of Completion						bedrooms		at Type of Sanitary System		Water
* include		Project	-	# of Stories	Foundation	in		he property?		on property
donated time &						structure			44 -	
material	□ New	Constr	uction	☐ 1-Story	☐ Basement	□ 1	☐ Municipal/City			☐ City
	Additi			☐ 1-Story + Loft	☐ Foundation	□ 2	☐ (New) Sanitary		_	
	1 Muui	LIUII/ AI					Camibana / Evicto	Specify Type:		
\$ (000)	-	ersion		☐ 2-Story		□ 3	☐ Sanitary (Exists		امال معالم	NA
\$15,000	Conv	ersion	sting bldg)	2-Story			☐ Privy (Pit) or	\square Vaulted (min 2	00 gallo	UA
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\$15,000	☐ Conv	ersion cate (ex a Busin	sting bldg)		Use Year Round		□ Privy (Pit) or □ Portable (w/ser	☐ Vaulted (min 2 vice contract)	00 gallo	<u>DA</u>
15,000	Conv	version cate (ex a Busin eerty	sting bldg) ess on	X NA	Year Round		☐ Privy (Pit) or ☐ Portable (w/ser ☐ Compost Toilet ☑ None	☐ Vaulted (min 2 vice contract) t		
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Proposed Constr	Converse Con	version cate (ex a Busin erty mit bein	ess on g applied fo	or is relevant to it) Structure (first structure (i.e. cabin, hunting	Year Round Length: Length: Proposed Structucture on property)	None	☐ Privy (Pit) or ☐ Portable (w/ser ☐ Compost Toilet ☐ None Width:	Usulted (min 2 vice contract) Height Height Dimensions	ght: 4	TOO HOO Square
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Proposed Construction Proposed Use Residential Commercial Municipal I (we) declare that th (are) responsible for result of Bayfield Coproperty at any reas	Converge Relo Relo Run Prop Re: (if per ruction: See Use Use Use	rersion cate (exi a Busin erty mit bein	Bunkhoo Mobile Addition Accesso Special Condition Other:	Structure (first structure (first structure) (i.e. cabin, hunting with Loft with a Porch with a Deck with (2 nd) Porch with a Deck with Attached Gouse w/ (□ sanitary, or Home (manufactured or Manufactured	rarring construction (specification. I (we) consequence of the sapplication.	None None	Privy (Pit) or Portable (w/ser Compost Toilet None Width: Width: Width: 8 food prep facilities) RMIT WILL RESULT IN PENA owledge and belief it is true, co determining whether to issue icharged with administering co	Dimensions (X (X (X (X (X (X (X (X (X (ght: Ught: U	Square Footage dige that I (we) am ity which may be a lee above described

MADISON. CHICAGO, IL

In the box below: Draw or Sketch your Property (regardless of what you are applying for) Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan (2)(*) Driveway and (*) Frontage Road (Name Frontage Road) Show Location of (*): (3) All Existing Structures on your Property (4) Show: $(*) \ \textbf{Well} \ (\textbf{W}) \textbf{;} \ (*) \ \textbf{Septic Tank} \ (\textbf{ST}) \textbf{;} \ (*) \ \textbf{Drain Field} \ (\textbf{DF}) \textbf{;} \ (*) \ \textbf{Holding Tank} \ (\textbf{HT}) \ \textbf{and/or} \ (*) \ \textbf{Privy} \ (\textbf{P})$ (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (6) (*) Wetlands; or (*) Slopes over 20% (7) Show any (*): see cD'sod

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measure	ment
					F
Setback from the Centerline of Platted Road	Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	Feet		Setback from the River, Stream, Creek		Feet
Setback from the Established Highe of they			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	Feet				
Setback from the South Lot Line	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	Feet		20% Slope Area on the property	☐ Yes	□ No
Setback from the East Lot Line	Feet		Elevation of Floodplain		Feet
					Feet
Setback to Septic Tank or Holding Tank	Feet		Setback to Well		reet
Setback to Drain Field	Feet	1 -			
Setback to Privy (Portable, Composting)	Feet	L.		tt	d corner to the
Prior to the placement or construction of a structure within ten (10) feet of	f the minimum required setback,	the b	oundary line from which the setback must be measured must be visible from on	e previously surveye	d corner to the

other previously surveyed corner or marked by a licensed surveyor at the owner's expen

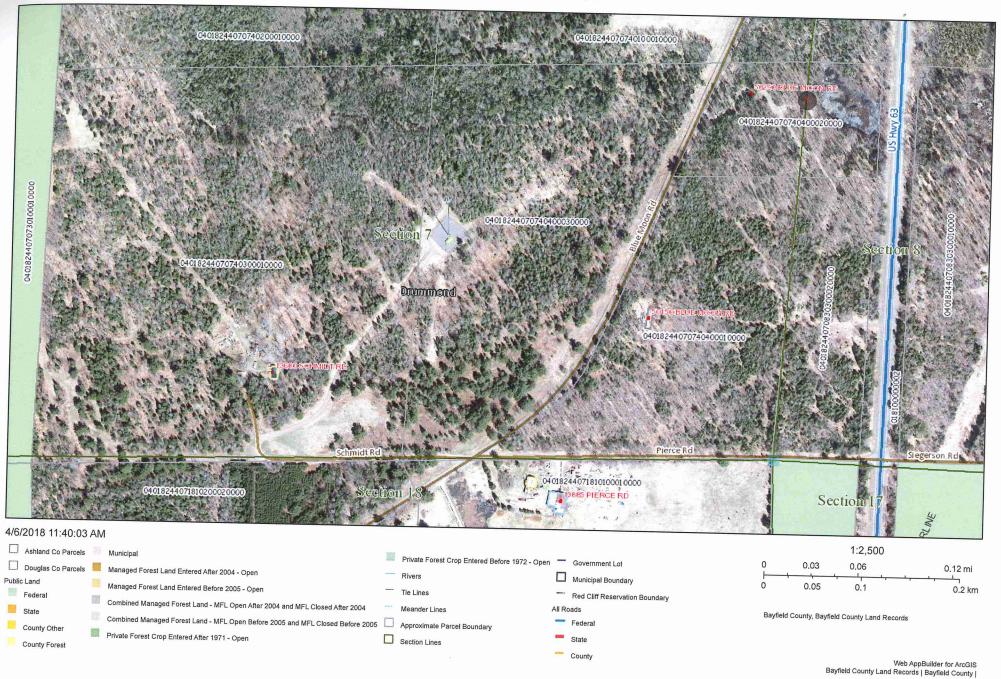
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:							
Permit Denied (Date):	Reason for Denial:	Reason for Denial:									
Permit #: 18-00860	Permit Date: 4-	9-18									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Rec Yes (Fused/Conti	guous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ✓ No	Affidavit Required Affidavit Attached							
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted by Ves No	y Variance (B.O.A.) Case	e #:							
	lo	Were Property Line	es Represented by Owner Was Property Surveyed	Yes							
Inspection Record:				Zoning District (F-/) Lakes Classification ()							
Date of Inspection:	Inspected by:			Date of Re-Inspection:							
Condition(s): Town, Committee or Board Conditions At	tached? Yes No - (If	f <u>No</u> they need to be atta	as Supmi'	Heb							
Signature of Inspector:				Date of Approval: 4/6/16							
Hold For Sanitary:	Hold For Aff	fidavit: 🗆	Hold For Fees:								

Bayfield County Web AppBuilder



City, Village, State or Federal

ZAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

	S	ele	Wire	SAC	ent for S	s, Age	hillips	en / Tony P	ic All	d To: Eri	ssued	ls	18-0086			No.					
ımond	Town of		W.	7	Range	N.	44	Township	7	Section	1/4				SE W of	Location:					
	CSM#					n ,	bdivisio	Su	ck	Bloo		.ot	L			Gov't Lot					
	CSM#					on ,	bdivisio	Su	ck	Blo		.ot	L			Gov't Lot					

Condition(s): Not to exceed scope of work as submitted.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

(Disclaimer): Any future expansions or development would require additional permitting

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

April 9, 2018

Date

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891

(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) MAR 28 2018 Bayfield Co. Zoning Dept.

ENTERED

18-0103 Permit #: 4-11-18 \$75 4-3-K Amount Paid: Refund:

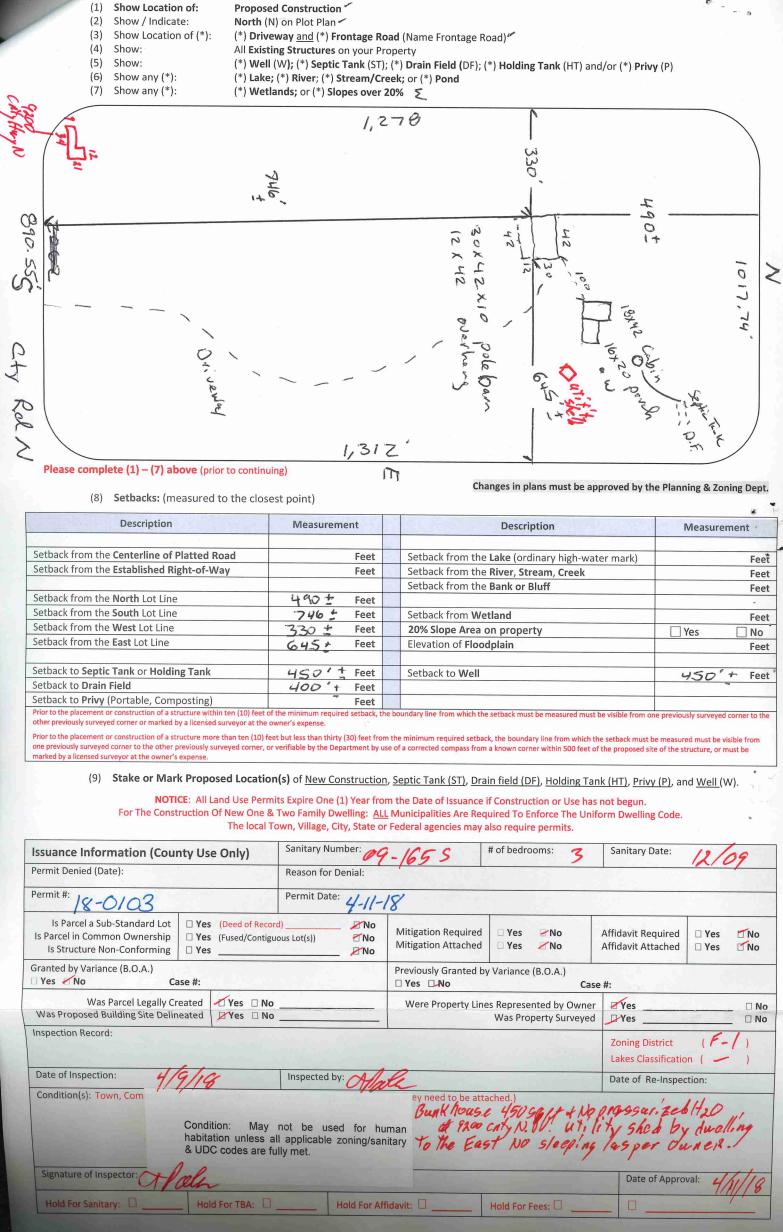
INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable O NOT START CONSTRU						- 4	00, 20,										
TYPE OF PERMIT R	EQUEST	ED-	☐ LANE	USE SA	NITARY	<i> </i>	PRIVY [COL	DITIONAL	L USE SPE	CIAL	USE	☐ B.O.	A. 🗷 (OTHE	RPde Bla	
Owner's Name:							ess: Eyz	02,	City/:	State/Zip:				Telephor	ne: 🏒	ack	
Jack +L	esli	e .	Jeat	van	528	3th,	Ave		me	nomonie	h	江5	4751			\$ 30 2	
Address of Property:		A 0				tate/Zi		_			•			Cell Phor		~	
9290 C	ty 1	Rd.	\mathcal{N}							548	33	52		715	556	6242	
Design B	. 14	C+	natur	2	Contractor Phone: Plumber:									Plumber	Phone	1	
Authorized Agent: (F					715 723 2444 Agent Mailing Address (include City/Stat							e/7ip):		Written	Author	rization	
	N	/1	1	(-11		0/				NA		-,,, -		Attached	I		
PROJECT	/ /	77			Tax ID:	# (4-5 d	igits)				Rec	orded_D	Deed (i.e. #	☐ Yes assigned by	Regist	er of Deeds)	
LOCATION	LOCATION Legal Description: (Use Tax					150	024				Doc	ument i	K- 57	Z1 45,	6 9	er of Deeds)	
N_W_1/4, /	VW	1/4	Gov't	Lot Lot(s) CSI	М	Vol & Page		Lot(s) No.	Block(s) No.	Su	bdivisio	on:				
2	2		uc	I, Range 8			Town of:				Lo	t Size		Acrea	ge		
Section 2.	, To	ownship	121	I, Range	_ w		Dru	MM	ond					3	0,6	33	
1	□ Is P	ronerty	/I and within	n 300 feet of Riv	er Stre	am /in/	I Intermittent	Dis	tance Struc	cture is from Sho	relin	ie ·			Τ.		
-11/4				f Floodplain?			ntinue —		turice Struc	cture is from sno		feet		perty in ain Zone?		Wetlands Present?	
Shoreland —	☐ Is P	roperty	/Land withir	1000 feet of La	ke, Pon	d or Fl	owage	Dis	tance Struc	cture is from Sho	relin	ie:		Yes		☐ Yes	
					If ye	esco	ntinue -					feet		No		□ No	
Non-Shoreland																	
Value at Time					4.71	14.41					y T				121		
of Completion		Proje	ct	# of Storie	es				#			hat Ty					
* include		Project # of Stori				Use		bo	of drooms				ry Syster operty?	n		Water	
donated time & material								De	urooms	13	OII	tile pr	operty:				
			ruction	↓ 1-Story		□ S	easonal		1	☐ Municipal/						☐ City	
\$		☐ Addition/Alteration ☐ 1-Story +				Y	ear Round			☐ (New) Sani					_	₩ Well	
25,000	☐ Con		-	☐ 2-Story ☐ Basemen	+	Ш_			3	☐ Sanitary (E☐ Privy (Pit)				n 200 galle			
-		Relocate (existing bldg)											or Uaulted (min 200 gallon)				
		Property			on					☐ Compost T							
	× Po	10	Bldg				n= v-3			№ None							
Existing Structure	e: (if per	mit bei	ng applied fo	r is relevant to it	t)	Leng	rth:			Width:			Не	eight:			
Proposed Constr						Leng		4%	L	Width:	4	42	4.0	eight:	1	4	
					77. 1			14			W				Sc	quare	
Proposed Us	e	1				Propo	sed Struct	ure				C	imensio	ns		otage	
				Structure (firs				·)				(Х)			
	-		Residence	e (i.e. cabin, hu	unting s	shack,	etc.)					(Х)			
Residential	Use			with Loft with a Porc	h							(X)			
_ 11001010111101	-			with (2 nd) P								(X)			
				with a Deck			, ,					(Х)			
_				with (2 nd) D	eck							(Х)		V	
Commercial	Use		with Attached Garage									(Х)	4		
							oing quarter	s, <u>or</u> 🗆	cooking &	food prep facilitie	es)	(Х)			
	-			ome (manufact		te)						(Х)			
☐ Municipal U	lse			Alteration (s		21	. 12	70	,		=	(X)	, -		
h -	-	X X	Accessory Building (specify) Fole Building Accessory Building Addition/Alteration (specify) Coder Over have										0 X 4		-	.60	
	ŀ	X.	Accessor	es Nanh	F		Capecii			20-4 10015	- }	1 5.	Z, X 4	21		04	
	- }			se: (explain)) 	-00	1	12	X42		_	(Х)			
-	ŀ			nal Use: (explain	n)						_	(Х)			
			Other: (e)									(Х)			
am (are) responsible f may be a result of Ra above described proper Owner(s): (If there are Mu	or the detail yfield Count erty at any re Litiple Owr	l and accu ty relying easonable	g any accompany racy of all inform on this informat time for the pur	ing information) has I nation I (we) am (are) ion I (we) am (are) pi pose of inspection.	been exam providing roviding in	and that or with	me (us) and to t it will be relied this application	he best of upon by . I (we) o	f my (our) know	IT WILL RESULT IN P wledge and belief it is t ty in determining whet tty officials charged wii	rue, co	orrect and issue a principle of the prin	ermit. I (we)) further acce	pt liabili	ty which	
Authorized Ager	nt:											D	ate				

Address to send permit E4202- 528th Ave. Menomonie, WI 54751 If you recently purchased the property send your Recorded Deed

Copy of Tax Statement

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)



ow: Draw or Sketch your Property (regardless of what you are applying for)

√illage, State or Federal y Also Be Required

USE - X NITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.

18-0103

Issued To:

Jack & Leslie Jeatran

Location:

NE 1/4 of **NW** 1/4

Section

33 Township 45

N.

Range 8

W.

Town of

Drummond

Gov't Lot

Lot

Block

Subdivision

CSM#

For: Residential Accessory Structure: [1- Story; Pole Building (30' x 42') Overhang (12' x 42') = 1,764 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): May not be used for human habitation unless all applicable zoning / sanitary & UDC codes are fully met. Bunkhouse 450 sq. ft. and no pressurized water at 9200 Co Hwy N. Utility shed by dwel;ling to the East no sleeping as per owners.

NOTE:

This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

April 11, 2018

Date